





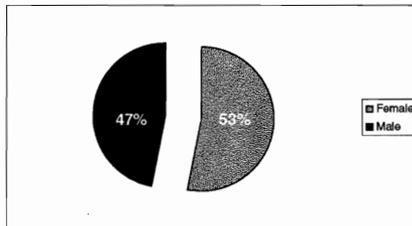
### Most Common Diagnosis Related Groups for IowaCare Beneficiaries Treated at the UI Hospitals & Clinics

Rank	Description
1	<b>410</b> Chemotherapy w/o Acute Leukemia As Secondary Diagnosis
2	148 Major Small & Large Bowel Procedures w CC
3	<b>25</b> Seizures & Headache Age > 17 w/o CC
4	<b>124</b> Circulatory Disorders Except AMI, w Card Cath & Complex Diag
5 (tie)	544 Major Joint Replacement or Reattachment of Lower Extremity
5 (tie)	<b>182</b> Esophagitis, Gastroent & Misc Digest Disorders Age > 17 w CC
7	557 Percutaneous Cardiovascular Proc w Drug-Eluting Stent w Major CV Dx
8	202 Cirrhosis & Alcoholic Hepatitis
9	449 Poisoning & Toxic Effects of Drugs Age > 17 w CC
10 (tie)	415 O.R. Procedure for Infectious & Parasitic Diseases
10 (tie)	521 Alcohol/Drug abuse or Dependence w CC
10 (tie)	294 Diabetes Age > 35

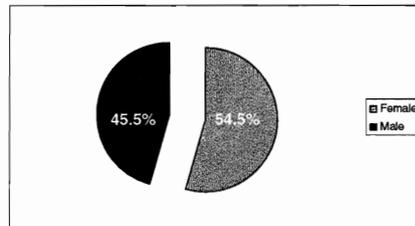
■ Among the top 10 DRGs for State Papers patients in FY 05.

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### Gender Analysis



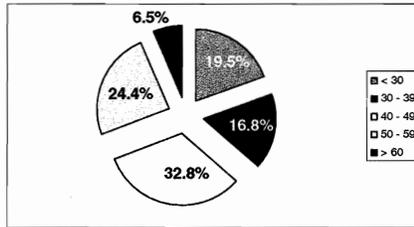
IowaCare



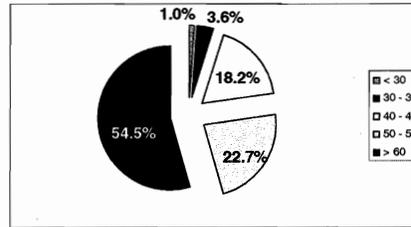
Chronic Care

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## Age Analysis



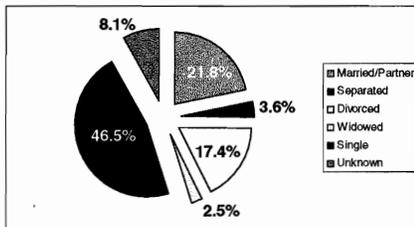
IowaCare



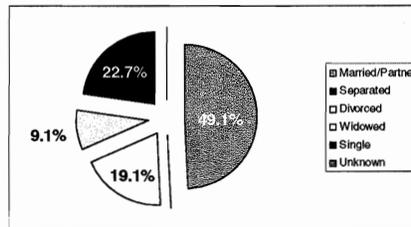
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## Marital Status Analysis



IowaCare



Chronic Care

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## Volumes & Finances Summary

- UIHC has seen 7,764 unique patients through June 22, 2006 who have made in excess of 40,000 visits. These totals are greater than the comparable State Papers population served.
- The initial appropriation of \$27,284,584 was exhausted prior to the end of FY 06. HF 2347 authorized approximately an additional \$5 M for FY 06. HF 2734 superseded HF 2347 and authorized up to an additional \$10.6 M. Nearly \$32 M has already been paid to the UIHC with millions in claims still outstanding.
- Even with additional payments, the UIHC's costs (yes "costs," not just charges) will still exceed IowaCare payments by millions of dollars.
- The Carver College of Medicine physicians receive no reimbursement for the millions of dollars in services they provide to IowaCare beneficiaries.

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## Select Issues for Consideration

- The FY 07 IowaCare appropriation for the UIHC is unlikely to be sufficient to fulfill DHS's compensation obligations to the UIHC for the entire year for services provided to IowaCare beneficiaries, just as the initial FY 06 appropriation proved to be insufficient.
- Iowa's compliance with the Deficit Reduction Act of 2005 (P.L. 109-171) may necessarily result in delays in authorization of IowaCare coverage status which may create hardships for patients and non-network providers.
- If IowaCare enrollment continues to grow without restriction it may challenge the UIHC's ability to meet demand in a timely manner.
- The UIHC's plans to enhance access to pharmaceuticals and durable medical equipment for IowaCare beneficiaries are contingent on a completion of a new 28 E agreement with DHS for FY 07.
- Implementation of the Nurse Helpline for IowaCare beneficiaries is contingent on completion of a new, separate 28 E agreement between the UIHC and DHS.
- The plans for how the comprehensive medical examination, personal health improvement plan, and health risk assessment are to be handled are still unclear.

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